

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90017 040 \*\*\*150.00

DOCUMENT # P97000023242

1. Entity Name

MILLENNIUM CAPITAL GROUP, INC.



Principal Place of Business

780 DELTONA BLVD.  
SUITE 103  
DELTONA FL 32725

Mailing Address

780 DELTONA BLVD.  
SUITE 103  
DELTONA FL 32725



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

- City & State -

City & State

4. FEI Number 59-3492103

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANUS, CHARLES M  
780 DELTONA BLVD.  
SUITE 103  
DELTONA FL 32725

Name

Hilary S. Hanus

Street Address (P.O. Box Number is Not Acceptable)

780 Deltona Blvd.

Suite 103

City

Deltona

FL

Zip Code

32725

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Hilary S. Hanus*

Hilary S. Hanus - President

4/30/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00.

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HANUS, CHARLES M	
STREET ADDRESS	780 DELTONA BLVD. STE 103	
CITY - ST - ZIP	DELTONA FL 32725	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HANUS, HILARY S	
STREET ADDRESS	780 DELTONA BLVD. STE 103	
CITY - ST - ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanus, Hilary S	
STREET ADDRESS	780 Deltona Blvd. Ste. 103	
CITY - ST - ZIP	Deltona, FL 32725	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanus, Charles M	
STREET ADDRESS	780 Deltona Blvd. Ste. 103	
CITY - ST - ZIP	Deltona, FL 32725	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Hilary S. Hanus*

Hilary S. Hanus

4/30/07

(386) 837-2231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #